

**Examination Request - Fire Officer I and/or II**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of Fire Fighter Training  
P.O. Box 30700  
Lansing, MI 48909  
Telephone: 517-373-7981 Fax: 517-335-4061

Authority: 1966 PA 291

**Before** submitting this form, you **must** schedule the written examination dates with your Training Coordinator. This form must be received in the Lansing office at least **six (6) weeks prior** to the examination date. If there are Re-Tests, the "Notice of Examination Results" letter **must** be attached.

**Important** - The number of test candidates cannot be changed after submittal of your Examination Request. To minimize problems, we strongly recommend you wait until approximately 8 weeks prior to the examination date to submit.

If you have questions, please call the Region Supervisor for your region. Region 1 & 2, Gary Crum, 616-447-2689. Region 3, Deward Beeler, 989-758-1912.

Mail or fax this form to the address listed above.

TRAINING COORDINATOR PROCTORING EXAMINATION		COURSE NUMBER	
INSTRUCTOR OF RECORD		DAYTIME TELEPHONE NUMBER (Include Area Code)	INSTRUCTOR OF RECORD SOCIAL SECURITY NUMBER*
COURSE MANAGER		DAYTIME TELEPHONE NUMBER (Include Area Code)	
WRITTEN EXAMINATION DATE	TIME	NAME OF FACILITY	
STREET ADDRESS (Of Written Examination)		CITY	

FO I	Student	Student Re-Test	Total
Written Exam			

FO II	Student	Student Re-Test	Total
Written Exam			

**Instructor's Signature**

SIGNATURE OF INSTRUCTOR OF RECORD	DATE
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**Do not write below this line - For OFFT use only**

COPY FAXED TO REGION SUPERVISOR	COPY MAILED TO TRAINING COORDINATOR	EXAMS SHIPPED TO TRAINING COORDINATOR
DATE:                      INITIALS:	DATE:                      INITIALS:	DATE:                      INITIALS:

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.